The hidden battle in your glass: How A1 and A2 milk could shape your health

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Tags: A1, A2, clean food, dairy industry, Devil in the Milk, FDA, food safety, goodfood, goodhealth, goodscience, health, milk, milk benefits, milk politics, Risks, Thomas Cowan

- A genetic variation in beta-casein proteins distinguishes A1 milk (linked to health risks) from A2 milk (historically dominant). A1 digestion releases BCM7, a peptide with potential inflammatory and opioid-like effects.

- Studies associate A1 milk with higher rates of Type 1 diabetes, heart disease and autoimmune disorders, though causation isn't definitively proven. Epidemiological and animal research supports these correlations.

- Older cow breeds (e.g., Jerseys, Guernseys) and non-cow milks (goat, sheep) naturally produce A2 milk. The dairy industry has been slow to address the A1/A2 divide due to economic reliance on A1-dominant breeds like Holsteins.

- A2 milk has gained traction in markets like Australia and New Zealand, but U.S. labeling inconsistencies limit consumer choice. "Devil in the Milk: Illness, Health, and the Politics of A1 and A2 Milk," author Thomas Cowan advocates for transparency to empower informed decisions.

- While critics emphasize the need for more rigorous research, anecdotal evidence suggests benefits for some individuals switching to A2 milk. The book encourages questioning food systems without outright condemning conventional milk.

For decades, milk has been touted as a nutritional staple, a source of calcium, protein and essential vitamins. But what if not all milk is created equal? In "Devil in the Milk: Illness, Health, and the Politics of A1 and A2 Milk," physician and author Thomas Cowan presents a provocative argument: a subtle genetic variation in cows' milk proteins – A1 versus A2 – could have profound implications for human health, influencing conditions ranging from diabetes to autism. Published amid growing scrutiny of food science, Cowan's book challenges conventional dairy industry narratives, urging consumers to reconsider what's really in their glass.

At the heart of Cowan's thesis is a microscopic difference in beta-casein, a primary protein in cow's milk. A1 milk contains histidine at position 67 in its amino acid chain, while A2 milk has proline. This seemingly minor distinction, Cowan argues, has major consequences. When digested, A1 beta-casein releases beta-casomorphin-7 (BCM7), a peptide with opioid-like effects that may trigger inflammation and oxidative stress.

"The evidence suggests BCM7 could be a key player in chronic diseases," Cowan writes, citing studies linking A1 milk consumption to higher rates of Type 1 diabetes, heart disease and autoimmune disorders. For example, epidemiological data show that nations with predominantly A1-consuming populations exhibit elevated diabetes incidence compared to regions where A2 milk is more common. Animal studies further bolster the claim: Mice fed A1 beta-casein developed diabetes at higher rates than those given A2.

Historically, Cowan notes, all cows produced A2 milk until a genetic mutation spread among European herds millennia ago. Today, breeds like Holsteins (dominant in U.S. dairies) predominantly carry the A1 variant, while older breeds such as Guernseys, Jerseys and African/Asian cattle remain A2 producers. Even goat, sheep and buffalo milk lack the problematic A1 protein – a fact Cowan says underscores milk's natural diversity.

Yet the dairy industry, he contends, has been slow to acknowledge the distinction. "There's resistance to disrupting a system built on A1 milk," Cowan asserts, pointing to the economic stakes for a sector worth billions. Despite decades of research – including a 2007 European Food Safety Authority review that called for deeper investigation – definitive regulatory action remains elusive.

Cowan's own journey into the A1/A2 debate began after a colleague's offhand remark led him to scrutinize milk's role in chronic illness. His efforts to publish findings, however, met skepticism. "Challenging milk is like challenging motherhood," he quips, highlighting cultural and institutional biases favoring dairy's wholesome image.

Still, consumer demand is shifting. In Australia and New Zealand, A2 milk now commands a 10 percent market share, with brands like The a2 Milk Company marketing directly to health-conscious buyers. In the U.S., though, labeling remains inconsistent, leaving many unaware of the choice. Cowan advocates for transparency: "People deserve to know what they're drinking – and how it might affect them."

While Cowan stops short of declaring A1 milk universally harmful, his book underscores the need for rigorous, independent research. Critics argue that correlation isn't causation, and the *Food and Drug Administration* (FDA) maintains that conventional milk is safe. Yet for those with digestive issues or autoimmune conditions, switching to A2 has yielded anecdotal benefits – a trend warranting clinical attention.

Ultimately, "Devil in the Milk" is less an indictment than an invitation: to question assumptions, scrutinize food systems and empower consumers. As Cowan puts it, "This isn't about fear – it's about informed choice." Whether the science solidifies or the industry adapts, one thing is clear: the debate over milk's hidden divide is far from over.

Learn more about the health risks of A1 milk by watching the video below.

BrightLearn - Devil in the Milk: Illness Health and the Politics o...

This video is from the BrightLearn channel on *Brighteon.com*.

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